PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correct maintenance fee notifica	ed below or directed otl	herwise in Block I, by (a	a) specifying a new cor	respondence address	and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fcc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
26875	7590 04/02	2007				
WOOD, HERRON & EVANS, LLP 2700 CAREW TOWER 441 VINE STREET				Lhereby certify that this Feeds, Transmission Lhereby certify that this Feeds, Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faesimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.		
CINCINNATI,	OH 45202			Douglas A.	Scholer /	(Depositor's name)
				4		(Signature)
					12/07	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/803,134 03/17/2004			James M. Campos		ROWE/03B	4880
TITLE OF INVENTION	I: RESONANT MUSCL	E STIMULATOR				
APPLN. TYPE	SMALL ENTITY	tSSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/02/2007
EXAM	MINER	ART UNIT	CLASS-SUBCLASS			
SCHAETZLE, KENNEDY		3766	607-048000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address for Change of Correspondence Address for Change of Correspondence Address form PTO/SB1/23 batched. "Fee Address" indication (or "Fee Address" Indication form PTO/SB1/23 between 3-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 Excitated patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CPF 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Therapeutic Innovations, Inc. Crescent Springs, Kentucky						
Please check the approp	riate assignee category or	r categories (will not be pr	rinted on the patent):	🗆 Individual 💢 C	orporation or other private gr	roup entity Government
4a. The following fee(s) are submitted: \(\begin{align*} \lambda \)			4b. Payment of Fes(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is conclosed. <u>Electronic</u> Fee Transmittal ☐ Payment by crodic card, (200/0000) and issue fee transmittal ☐ The Director is hereby authorized to charge (\$0,00000) (and distinctly, or credit any everypowner, to Deposit Account Number 2-30(b)). (coloboe an evera copy of this form).			
	itus (from status indicate is SMALL ENTITY stati		☐ b. Applicant is no	onger claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee an	nd Publication Fee (if req		d from anyone other tha			the assignee or other party in
Authorized Signature	10/	12/		Date _ 7/	2/07	
Typed or printed nan		A. Scholer			No. 52,197	
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	nation is required by 37 C titality is governed by 35 d application form to the tions for reducing this bu Virginia 22313-1450. DC 313-1450.	CFR 1.311. The information U.S.C. 122 and 37 CFR to USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain 1.14. This collection is depending upon the in e Chief Information Of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any c feer, U.S. Patent and TO THIS ADDRES	the public which is to file (ar minutes to complete, includi omments on the amount of t Trademark Office, U.S. De S. SEND TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. For Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.